

Docket No.: 2003.796US  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Johannes Hubertus Wieringa

Application No.: 10/564,193

Confirmation No.: 7506

Filed: January 6, 2006

Art Unit: 1624

For: METHOD FOR THE PREPARATION OF  
ENANTIOMERICALLY PURE MIRTAZAPINE

Examiner: Noble E. Jarrell

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated March 25, 2008 having a shortened statutory three-month period for response which expired on June 25, 2008.

Applicants herein petition for a three-month extension of time and authorize the Commissioner to charge the extension fee of \$1110.00 and the Petition Fee of \$1620.00 for filing the Petition for Revival of An Application Abandoned Unintentionally Under 37 CFR 1.137(b) to Deposit Account No. 50-4205. If any additional fees are due to the submission of this Amendment, the Commissioner is hereby authorized to charge any additional required fees to Deposit Account No. 50-4205.

**Amendments to the Claims** begin on page 2 of this paper.

Adjustment date: 01/13/2009 CKHLOK  
10/09/2008 INTERSU 00000221 504205 10564193  
02 FC:1253 1110.00 CR

**Remarks** begin on page 4 of this paper.

As stated above, claim 8 has been cancelled without prejudice and thus the rejection of claim 8 no longer applies.

In view of the above, withdrawal of the rejection of claim 8 under 35 U.S.C. §103(a) is respectfully requested.

A good faith effort has been made to place the present application in condition for allowance. If the Examiner believes a telephone conference would be of value, he is requested to call the undersigned at the number listed below.

Dated: October 8, 2008

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Respectfully submitted,

By  \_\_\_\_\_

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Registration No.: 37,350  
Attorney For Applicant(s)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 01/02/09				2 Serial/Patent # 10/564,193								
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT				
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